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Inaugural Dissertation

On

Phlegmasia Dolens

By

William C Anderson  
of

Virginia.

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## Phlegmasia Dolens.

It appears from the researches of Hull, that neither Hippocrates nor more modern writers were well acquainted with this disease; nor was it well described until the time of Mauriceau.

We may infer from the writings of Rodrigues & Castro, and Wiseman that they had seen the disease; though their description of it is not good.

During the period which intervened between the publication of Mauri-

and I have been thinking of you  
very much lately and wondering  
how you are getting on.

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=caus work and the death of Puzos the disease appears to have been known to various writers.

It may be proper to notice the different pathological views from the times of Mauriceau to the present.

All the writers from Rodriguez & Castro to Puzos have attributed this disease to a diminution or suppression of the Lochia. And from Puzos to Mr White it has been attributed to a deposition of milk.

Mr White in his enquiry into the nature and causes of the intermixture of the lower extremities, advances a new theory of Phlegmasia Dolens.

He attributes this disease to an obstruction, detention, and accumulation of lymph in the limb; that the



Lymphatics are obstructed as high as where they enter under Poupart's Ligament; that the obstruction is occasioned by some accident occurring during labour; and that it is a local disorder and has a local cause.

In 1792 J. J. of Gloucester published an essay on the swelling of the lower extremities, incident to lying in women; he attributes the disease to an obstruction of Lymph which he imagines is caused by the inflammation of the Lymphatics.

Dr Denman considers it an affection of the ~~glandular system~~ Lymphatic and glandular system of the extremity; and is ~~is~~ produced by the absorption of some irritating substance in the discharge from the ute-



=nus, the consequence of an unhealthy secretion of that organ.

Dr Ferriar supposes that there is a general inflammatory state of the absorbents of the limb by which they are rendered incapable of performing their functions. In a case mentioned in the third volume of his medical histories, he says that after the inflammation was reduced he could distinctly feel the lymphatics intertwined like a bundle of cords.

He thinks the disease may exist under circumstances unconnected with parturition. He does not think it impossible for the disease to occur previous to delivery. The violent pressure on the internal iliacs the accompanying veins and nerves, which con-



stantly takes place during delivery, must undoubtedly be considered as a powerful cause of lymphatic inflammation.

He adds that the constitution is much more irritable, and more liable to febrile and inflammatory complaints after delivery than before; the balance of the circulating fluids is suddenly and violently changed; that there are new determinations, new sympathies produced while the body is in a state of debility, agitation and anxiety. It cannot therefore surprise us under circumstances so peculiar that a set of vessels commonly exempted from inflammation should take on an unusual disposition.

This theory is rejected by Dr. Hull.

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He divides the causes into predisposing and exciting. According to him the predisposing causes when the disease occurs during pregnancy or a short time afterwards appear to be

1.<sup>st</sup> Increased irritability and disposition to inflammation, which prevails during pregnancy and in a still higher degree afterwards.

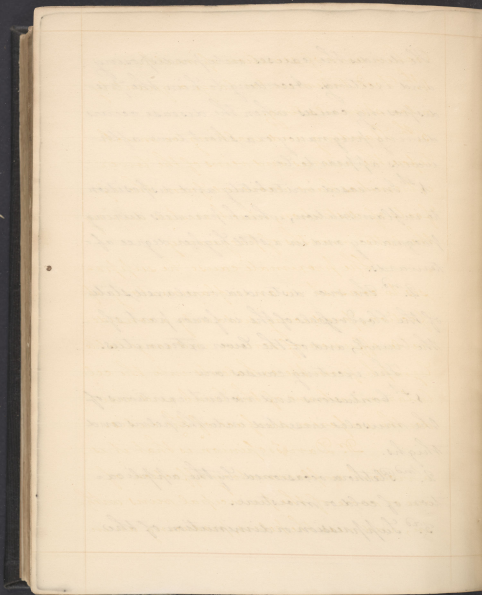
2.<sup>nd</sup> The over distended or relaxed state of the bloodvessels of the inferior part of the trunk, and of the lower extremities.

The exciting causes are

1.<sup>st</sup> Contusions and violent exertions of the muscles inserted into the pelvis and thighs.

2.<sup>nd</sup> Plethora occasioned by the application of cold or moisture.

3.<sup>rd</sup> Suppression or diminution of the



Lochia and of secretion of milk.

4.<sup>th</sup> Food taken in too large a quantity or too stimulating.

5.<sup>th</sup> Standing and walking too much before the arteries and veins of the lower extremities have recovered from the effects of distention, which existed during the latter months of pregnancy.

The proximate cause he supposes to consist in an inflammatory affection, producing suddenly a considerable effusion of serum and coagulable Lymph from the exhalents into the cellular membrane of the Umb and under the inferior surface of the cutis.

Dr. Davis's opinion is that it is a violent inflammatory affection of one or more of the principal veins within, and near the pelvis, producing an in-



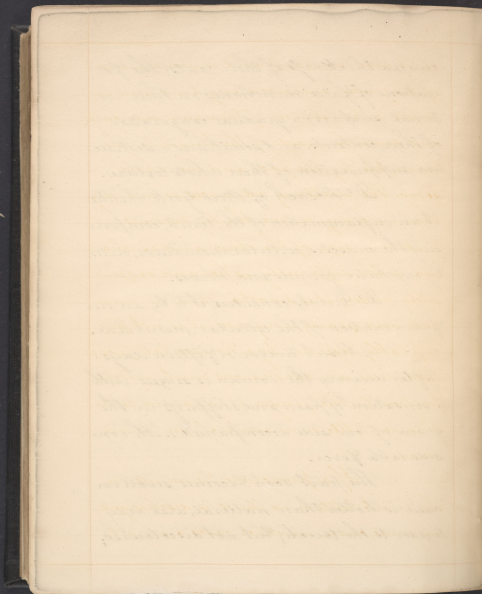
=creased thickness of their coats; the formations of false membranes on their internal surface; a gradual coagulation of their contents, and sometimes a destructive suppuration of their whole texture.

Dr Hosack of New York thinks it an inflammation of the Umb, comprising the muscles, cellular membrane, cutis, Lymphatic glands and nerves.

Dr Davy considers it to be an inflammation of the cellular membrane.

About twelve or fifteen days after delivery the woman is seized with a sensation of pain and stiffness in the groin of one side accompanied with considerable fever.

The part soon becomes swollen and is hotter than natural, also very tender to the touch; but not discoloured;



the pain increases and is sometimes of the most excruciating kind and extends to the Catium of the same side only, and down the inside of the thigh to the Ham, the Leg, the Foot, and the whole Limb. The swelling advances so rapidly that in a day or two the Leg becomes twice the size of the other, and is moved with difficulty, is hot and exquisitely tender; it is smooth, shining and pale and nearly uniform; it is not perceptibly lessened by a horizontal position like an edematous Limb; when pressed by the finger it is found to be elastic; little or no impression being made.

If a puncture be made in the Limb little or no fluid is discharged in some cases; in other cases a small

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quantity issues which soon coagulates; in other cases a larger quantity escapes which does not coagulate, but the whole of the fluid cannot be drawn off in this way.

It does not always commence in the groin, for it sometimes begins in the leg, foot, arm, and knee.

After some days, from two to eight the febrile symptoms abate, and the swelling, heat, pain, tension, weight and tenderness begin to abate, first about the upper part of the thigh or knee, and afterwards in the leg and foot. Some inequalities are found in the limb which at first feel like indurated glands, but on being nearly examined are not so well defined as those of conglomerate glands. The conglobate glands are some-



times distinctly felt, and are tender to the touch, but are seldom materially enlarged.

The febrile symptoms having gradually disappeared, the pain and tenderness of the limb being much relieved, the swelling and tension being diminished, the patient is debilitated, and much reduced. The limb feels stiff, heavy, benumbed and weak, when the finger is pressed against it, it retains the impression.

It sometimes happens after the inflammation abates in one limb, the other is attacked in a similar manner and goes through the same process.

This disease terminates in resolution generally, though sometimes in gangrene or suppuration.



## Treatment.

Upon the whole then this disease may be looked upon as highly inflammatory in its first stage be the seat of this inflammation where it may. It therefore evidently requires active depletion, both from the sanguiferous system and from the bowels; together with the strictest antiphlogistic regimen, until the leg becomes adematous which will be known by its now retaining the impression of the finger when impressed. After this the disease rarely requires active depletion; though the system will not bear stimuli unless of a gentle kind and of a local nature.

Of these the solution of the os gall



in Brandy and the fumes of burn-  
ing resin should be prepoised. The pa-  
tient should be allowed the use of an-  
imal food or any of the diffusible stim-  
ulants with considerable caution  
even after the leg has lost its tenderness  
and much of its swelling. Indeed much  
caution is required to prevent perma-  
nent swelling; the roller should there-  
fore be used for some length of  
time.

